



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005950

[REDACTED]

Dear [REDACTED],

On March 30, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's November 14, 2015 eligibility determination notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

This page intentionally left blank.



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005950



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your Medicaid Managed Care plan coverage with UnitedHealthcare was terminated as of November 30, 2015?

Did NYSOH properly determine that your enrollment in your qualified health plan, at full cost, was not effective until January 1, 2016?

## Procedural History

On January 9, 2015, NYSOH issued a renewal notice, directing you to update your account by February 15, 2015, or the financial assistance you were receiving might end.

Your account was not updated by that date. On February 17, 2015, NYSOH issued a notice stating that you were no longer to enroll in insurance through NYSOH or to receive financial assistance, because you had not replied to the renewal notice.

Your coverage subsequently ended on February 28, 2015.

Your account was not updated until April 7, 2015.

On April 8, 2015, NYSOH issued an eligibility determination notice, stating that you were eligible for Medicaid, effective April 1, 2015. This determination was

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

issued because your reported household income of \$0.00 was at or below the allowable income limit for this health insurance program.

Also on April 8, 2015, NYSOH issued an enrollment confirmation notice, stating that you had enrolled in UnitedHealthcare as your Medicaid Managed Care (MMC) plan, and that your coverage under this plan would begin May 1, 2015.

You submitted an updated application on October 13, 2015, and two more on November 13, 2015, the last of which did not request financial assistance.

On November 14, 2015, NYSOH issued an eligibility redetermination notice based on the last, non-financial application you submitted on November 13, 2015. It stated that you were newly eligible to purchase a qualified health plan at full cost through NY State of Health. This eligibility determination was effective December 1, 2015.

Also on November 14, 2015, NYSOH issued a disenrollment notice stating that your MMC plan coverage with UnitedHealthcare would end effective November 30, 2015 because you were no longer eligible to remain enrolled in this plan. The notice further advised you to pick a health plan right away to ensure there was no gap in your health coverage.

On November 16, 2015, NYSOH received two additional updates to your application. The second application you submitted was one which again sought financial assistance to help in paying for health insurance through NYSOH, and it listed annual household income of \$17,000.00.

On November 22, 2015, NYSOH issued an eligibility redetermination notice based on the information contained in your last November 16, 2015 application, stating that you were no longer eligible for Medicaid; however, your Medicaid coverage would continue until September 30, 2016. This eligibility determination was effective December 1, 2015.

On November 28, 2015, NYSOH received a further update to your application, in which you requested financial assistance.

On December 4, 2015, NYSOH issued an eligibility redetermination notice based on the information contained in your November 28, 2015 application, stating that you were no longer eligible for Medicaid, based on your expected yearly income of \$17,000.00; however, your Medicaid coverage would continue until September 30, 2016. This eligibility determination was effective December 1, 2015.

On November 30, 2015, NYSOH received two updates to your application, both of which indicated that you were no longer seeking financial assistance.

On December 5, 2015, NYSOH issued an eligibility redetermination notice based on your November 30, 2015 application, stating that you were eligible to purchase a qualified health plan at full cost through NY State of Health, effective January 1, 2016.

Also on December 5, 2015, NYSOH issued an enrollment confirmation notice stating that you had enrolled in a qualified health plan at full cost through Empire Blue Cross Blue Shield, effective January 1, 2016.

On January 4, 2016, you contacted the Marketplace's Account Review Unit and requested an appeal of the November 14, 2015 eligibility determination notice and November 14, 2015 disenrollment notice insofar as you were seeking for your MMC plan coverage with UnitedHealthcare to continue until December 31, 2015.

On March 30, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record support the following findings of fact:

- 1) You were found eligible for Medicaid coverage, effective April 1, 2015.
- 2) You enrolled in a Medicaid Managed Care plan with UnitedHealthcare. This coverage began May 1, 2015.
- 3) For reasons that are not clear, you revised your application three times between October 13, 2015 and November 13, 2015. The last of these applications submitted to NYSOH did not request financial assistance. As a result of this last application, you were found eligible to enroll in a qualified health plan at full cost, effective December 1, 2015.
- 4) NYSOH issued a disenrollment notice on November 14, 2015 stating that your MMC plan coverage with UnitedHealthcare had been terminated as of November 30, 2015 since you were no longer eligible to remain enrolled in that plan.
- 5) You testified that you had attempted to access NYSOH's website in during mid-November 2015 order to ensure that your MMC plan coverage would continue until December 31, 2015, and that your coverage under the full cost qualified health plan would begin on January 1, 2016.

- 6) You testified that you were confused by and encountered issues with NYSOH's website, and called NYSOH representative around November 30, 2015 in order to have a seamless transition from your Medicaid coverage to your full cost qualified health plan, beginning January 1, 2016.
- 7) You testified that while you were enrolled in a full cost qualified health plan as you requested, you had immediately been disenrolled from your MMC plan coverage, effective November 30, 2015. As a result, you were left without coverage for the month of December 2015.
- 8) You testified that you were seeking to reinstate your MMC plan coverage with UnitedHealthcare for the month of December 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Redetermination During a Benefit Year

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that its policy will be that any change made after the 15<sup>th</sup> of any month will not be effective until the first of the second following month (45 CFR § 155.330(f)(2)).

### Continuous Coverage under Medicaid

Most adults, once determined eligible for Medicaid, are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as "continuous coverage" and is set based on the start date of the original Medicaid eligibility determination or the date of any subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)). Generally such individuals will remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

## Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your Medicaid Managed Care (MMC) plan coverage with UnitedHealthcare was terminated as of November 30, 2015.

You enrolled in a MMC plan coverage with UnitedHealthcare, effective May 1, 2015. Had you not made any further changes to your application, this enrollment would have remained in effect for at least 12 months, or until April 30, 2016.

Instead, the record reflects that you updated your NYSOH account on October 13, 2015 and November 13, 2015 multiple times, and in the last instance filed a non-financial assistance application. As a result of that final update to your application, you were found eligible to enroll in a qualified health plan (QHP) at full cost, effective December 1, 2015.

Because in this last application you declined any financial assistance, NYSOH issued a notice on November 14, 2015 stating that your MMC plan coverage with UnitedHealthcare would end, and because you made the request for this change before the 15<sup>th</sup> of the month, it went into effect the first of the following month, so that your coverage under your MMC plan ended on November 30, 2015. Your eligibility for Medicaid fee-for-service coverage could still remain in effect, even if your enrollment in a specific Medicaid Managed Care plan ended.

Had you selected a qualified health plan at the same time you declined financial assistance, that is, on November 14, 2015, any enrollment in such a plan would also have gone into effect on the first day of the following month, on December 1, 2015, and there would have been no gap in coverage.

However, you testified that you encountered difficulties in attempting to transition your health insurance coverage from an MMC plan to a full-pay QHP, effective January 1, 2016. You did not understand that when you declined financial assistance on November 14, 2015, your coverage under your MMC plan would end by the first day of the following month, and you did not understand that by

failing to select your full cost QHP by the 15<sup>th</sup> of the month, it could not go into effect until the first day of the second following month, thereby leading to a gap in coverage.

You further testified that you finally contacted a NYSOH representative on November 30, 2015 to assist you in this transition; however, while the representative was successfully able to assist you in enrolling in a QHP at full cost beginning January 1, 2016, she was unable to reinstate your MMC plan coverage for the month of December 2015.

You testified that you took reasonable steps to attempt to seamlessly transition your coverage from an MMC plan to a full cost QHP on January 1, 2016, but were unable to do so because NYSOH website was unclear on how to do this.

We find that the record reflects that evidence that your attempt to transition such coverage was begun on October 13, 2015 and continued until November 30, 2015.

As a consequence of your having revised your application from one seeking financial assistance to a non-financial assistance application on November 14, 2015, NYSOH properly found you eligible to enroll in a full-cost QHP effective December 1, 2015, and your MMC coverage was appropriately terminated as of November 30, 2015 because you were found eligible for coverage through a full-cost QHP, effective December 1, 2015.

Because you failed to select a QHP by November 15, 2015, your enrollment in a new plan could not be made effective by December 1, 2015. Accordingly, the November 14, 2015 eligibility determination notice is AFFIRMED.

However, since NYSOH's website did not reasonably explain to you how to effectively make the transition from your enrollment in an MMC to enrollment in a full pay QHP, there is sufficient evidence that you inadvertently made your transition to a full-cost QHP a month early, and you made a reasonable effort to transition without a gap in coverage, the December 5, 2015 notice of enrollment is MODIFIED to state that your coverage under your full pay QHP plan is effective December 1, 2015, rather than January 1, 2016.

## **Decision**

The November 14, 2015, the November 14, 2015 eligibility determination notice is AFFIRMED.

The December 5, 2015 notice of enrollment is MODIFIED to state that your coverage under your new qualified health plan became effective December 1, 2015, rather than January 1, 2016.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).



**Effective Date of this Decision:** June 3, 2016

## **How this Decision Affects Your Eligibility**

Your MMC plan coverage with UnitedHealthcare was properly terminated as of November 30, 2015.

Your full cost QHP became effective December 1, 2015, provided you remit the necessary premium amount to the insurance carrier.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

## **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The November 14, 2015, the November 14, 2015 eligibility determination notice is **AFFIRMED**.

The December 5, 2015 notice of enrollment is **MODIFIED** to state that your coverage under your new qualified health plan became effective December 1, 2015, rather than January 1, 2016.

Your MMC plan coverage with UnitedHealthcare was properly terminated as of November 30, 2015.

Your full cost QHP became effective December 1, 2015, provided you remit the necessary premium amount to the insurance carrier.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

